



<b>TRANSMITTAL FORM</b>  (To be used for all correspondence after initial filing)	Application Number	09/904,352
	Filing Date	July 13, 2001
	First Named Inventor	Donald B. B rders
	Art Unit	1654
	Examiner Name	RUSSEL, J ffrey E.
	Attorney Docket No.	660081.424C2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input checked="" type="checkbox"/> <b>Fee Attached</b> <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b> <input checked="" type="checkbox"/> <b>Additional Enclosure(s)</b> (please identify below): <u>PTOL-85</u> <u>Issue</u> <u>Fee</u> <u>Transmittal</u> <u>Copy of Notice of Allowance with Small Entity Status Claim</u>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Jeffrey C. Pepe, Ph.D. Reg. No. 46,985	Customer Number <b>00500</b>
Signature		
Date	January 21, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
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Signature		Date: